

# YOUTH SERVICES POLICY

<b>Title:</b> Substance Abuse Treatment Program <b>Next Annual Review Date:</b> 08/15/2012	<b>Type:</b> B. Classification, Sentencing and Service Functions <b>Sub Type:</b> 2. Classification <b>Number:</b> B.2.15
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<b>References:</b> 4-JCF-4D-02, 4-JCF-4D-03, 4-JCF-4D-04, 4-JCF-4D-05, 4-JCF-4E-01, 4-JCF-4E-02, 4-JCF-4E-03, 4-JCF-4E-04, 4-JCF-4E-05, 4-JCF-4E-06, and 4-JCF-4E-07 (Performance-based Standards for Juvenile Correctional Facilities); B.2.1 "Assignment, Reassignment, Release and Discharge of Youth", B.2.13 "Early Release", B.6.1 "Health Care" OJJ/CCS 4E-05, 4E-06 and 4E-07; C.4.1 "Furlough Process", and C.4.7 "Escorted Absence"; OJJ Substance Abuse Treatment Program Manual.	
<b>STATUS: Approved</b>	
<b>Approved By:</b> Mary L. Livers, Deputy Secretary	<b>Date of Approval:</b> 08/15/2011

## I. AUTHORITY:

Deputy Secretary of Youth Services as contained in La. R.S. 36:405. Deviation from this policy must be approved by the Deputy Secretary.

## II. PURPOSE:

To set forth uniform policy and broad procedures governing the Youth Services (YS) secure care Substance Abuse Treatment Program.

## III. APPLICABILITY:

Deputy Secretary, Assistant Secretary, Undersecretary, Chief of Operations, Deputy Assistant Secretaries, Facility Directors, Regional Managers, contracted health care providers, and all YS employees responsible for delivery of substance abuse treatment needs of youth in the custody of YS. Facility Directors are responsible for developing written standard operating procedures to implement this policy.

## IV. DEFINITIONS:

**Electronic Record Management Application (ERMA)** – the electronic healthcare management database utilized by Correct Care Solutions (CCS), the contracted health care provider at the YS secure care facilities.

**Qualified Mental Health Professional (QMHP)** - includes psychiatrists, psychologists, social workers, and others who, by virtue of their education, credentials, experience, or with appropriate supervision, are permitted by law to evaluate and care for the mental health needs of patients.

**Reintegration/Transition Plan** - a written plan prepared by the youth's assigned caseworker, who identifies follow-up services needed by the youth upon release to facilitate successful transition and reintegration into the community and that is coordinated with DYS to be used in completing an aftercare plan.

***Relapse Prevention Plan*** - a written plan prepared by the youth's OJJ Case Manager or the contracted health care treatment provider, which provides coping mechanisms for the youth to overcome the stressors or triggers in their environments related to alcoholism and drug addiction that may cause relapse.

***Substance Abuse Treatment Plan*** - The case plan section of the Individualized Intervention Plan (IIP) which addresses substance abuse treatment needs as a result of the contracted health care provider's Assessment Summary / Psychological Evaluation.

***Training Records Entry Completed (TREC)***- The database used to track training hours of all YS employees.

## **V. POLICY:**

It is the policy of the Deputy Secretary that youth shall be provided and have access to substance abuse treatment programming based upon their individual treatment needs. In addition, due to the high prevalence of substance use/abuse in the juvenile justice population, all youth assigned to a YS secure care facility shall take part in substance abuse groups as a form of providing substance abuse education.

## **VI. TREATMENT PHILOSOPHY, GOALS, AND OBJECTIVES:**

Programming was developed to provide for a range of substance abuse treatment, and its intensity shall vary depending on the needs of the individual youth. The treatment philosophy is in keeping with an ecologically based model of treatment (i.e. working with the youth in his environment), in which the factors of substance abuse are addressed through target behaviors and risk factors, as well as identifying and addressing delinquency risk factors, and building of the youth's skills and identified strengths. The ultimate goal of treatment is for the youth to be able to live productively within their community/environment and family with improved functioning.

Overarching goals of the program are:

1. Effective treatment of substance abuse and associated behaviors.
2. Improvement of the youth's functioning in the community in which he/she lives.
3. Enhancement of the youth's community/family support.
4. Effective intervention in the youth's identified delinquency risk factors.
5. Successful preparation for reintegration/transition into the community from a secure care facility.

Long term objectives include the reduction in the use of substances through the development of holistic relapse prevention, reduction in recidivism of youth and/or the juvenile justice system, and the improved functioning in specific areas of the youth's life, to include school performance, peer relationships, living area, and interaction with adults.

**VII. SUBSTANCE ABUSE TREATMENT PROCEDURES:**

- A. Upon Direct Admission to a secure care facility, youth shall be seen by the contract provider's mental health staff on the day of arrival. An initial mental health screen is completed, which includes questions about past and current substance abuse, as well as history of substance abuse treatment.
- B. All youth shall receive a medical assessment by the contracted health care provider during the Direct Admission process to determine medical needs related to substance abuse.
- C. Within 30 days, a Psychological Evaluation shall be completed by the contracted health care provider to determine if the youth has a significant history of substance abuse or if he is diagnosed as substance dependent.
- D. Based upon the Psychological Evaluation, Part 1: OJJ Case Plan of the Individualized Intervention Plan (IIP) or Part 3: Mental Health Contractor Treatment Plan, shall include substance abuse or dependence plan, based upon the level of treatment required as described in Section VII. D. below, and shall be developed by the designated staff responsible for the treatment needs of the youth during his stay in secure care and upon release.
- E. The youth shall be assigned a treatment Level based on the Psychological Evaluation and subsequent treatment plan, which determines the intensity and length of the Substance Abuse Treatment Program, which shall be provided by qualified staff:

*1. Level 2a*

This level of treatment is intended for youth assigned to BCCY, JCY, and SCY whose substance abuse acuity Level is low. The youth meets criteria for substance abuse, but does not exhibit the researched based risk factors associated with future chemical dependency. The youth shall receive brief substance abuse counseling through group sessions provided by the youths OJJ Case Manager in the assigned housing unit. One (1) hour of group or individual treatment per week is provided to the youth. There should be a maximum of 12 youth per group when possible. Level 2a youth shall also be provided family sessions focused on their substance abuse issues.

2. *Level 2b – Clinic Based*

This level of treatment is a Clinic Based Treatment Program intended for youth assigned to BCCY, JCY, and SCY, who meet criteria for substance abuse and dependence. These youth have experienced multiple consequences due to substance abuse, but typically have not demonstrated long histories of drug involvement and preoccupation. Substance abuse focused individual sessions and family sessions, as well as weekly group sessions, are provided by a contracted health care provider Licensed Addiction Counselor, Social Worker or other qualified staff. Two (2) hours of group per week is provided with no more than 7 - 8 youth per group when possible. The program follows a four Phase model., with the estimated length of treatment ranging between 14-16 weeks, with the last phase on-going. The Phases are as follows:

- a. Phase 1: an intensive substance abuse assessment and a Personalized Feedback Report are completed.
- b. Phase 2: Youth participate in a closed-ended, three session Motivational Enhancement Groups.
- c. Phase 3: Youth participate in Relapse Prevention Groups based on a written curriculum.
- d. Phase 4: Transitioning the youth into an aftercare group either in the secure care facility or in the community upon release. This phase is on-going while the youth remains in a secure care facility.

3. *Level 3 – Dual Disordered*

This level of treatment is provided to youth assigned to BCCY, JCY, and SCY, who are dual disordered, and have a diagnosis of mental illness, in addition to meeting the criteria for substance abuse or dependence. Treatment is provided by a contracted health care provider who is a Licensed Professional Counselor or Social Worker. However, if the youth is assigned to the Residential Substance Abuse Program at JCY (Autumn) or SCY (Willow), treatment shall be provided by the youth's assigned OJJ Case Manager. The substance abuse focused individual and family sessions, the Phases of group treatment, the number of hours of group per week, and the number of youth per group is the same as that of Level 2 youth. The estimated length of treatment ranges between 14-16 weeks, with the last phase on-going.

4. *Level 4 – Dorm Based Intensive Substance Abuse Treatment*

This level of treatment is provided to youth at JCY and SCY, who have a diagnosis of substance dependence that is linked to delinquent behavior. This youth exhibits multiple risk factors related to significant substance use, and is considered in the highest need of intensive substance abuse treatment. The treatment is provided through the Residential Substance Abuse Program (Autumn @ JCY and Willow @ SCY) by the youth's OJJ Case Manager. Substance abuse focused individual and group treatment is provided, as well as the same four Phased model of group treatment used with Level 2b youth, but with increased frequency and intensity of treatment services. Estimated length of treatment varies, dependent upon the youth's progress; however, the average length of treatment ranges between 4 to 6 months.

- F. All OJJ provided individual treatment counseling, family counseling and group sessions, shall be documented in a Weekly Contract Progress Note in JETS within three (3) working days. Hard copies of signature pages shall be placed in the youth's Master Record under Clip II.

All treatment counseling, family counseling and group sessions provided by the contracted health care provider, shall be documented in the youth's health record in ERMA.

- G. The contracted health care provider shall provide the youth's OJJ Case Manager with a monthly progress report concerning the treatment progress of the youth. This information shall be considered when making decisions regarding a youth's eligibility for escorted passes, furloughs, and early release recommendations.

H. Phases of Treatment

1. Phase 1: involves the completion of an even more intensive assessment, a Personalized Feedback Report, and the completion of the IIP Case Plan that addresses substance abuse.
2. Phase 2: involves the completion of the Motivational Enhancement Phase, in which the youth completes the following:
  - a. orientation to the group process;
  - b. addressing ambivalence about the nature of his substance use, and connection to delinquent behavior by building awareness and problem recognition skills;
  - c. identifying the costs and benefits of changing;
  - d. building goal setting skills by making a change plan; and
  - e. participating in group, individual and family sessions.

3. Phase 3: begins after the youth develops a commitment to alter his substance use pattern, and enters the Relapse Prevention Phase of treatment. The objectives and skills of this phase are:
  - a. development of a relapse prevention phase;
  - b. sharing of the plan with Case Managers and peers;
  - c. practice of essential coping skills;
  - d. generalization of skills while on furlough, in family sessions, outings, school, and with peers and staff at the facility;
  - e. identification of community supports;
  - f. identified concerns and needs for reintegration from an ecological perspective in collaboration with Community Based Services (CBS). This often involves discussing the culture the youth will be reintroduced to upon release, which may not always support recovery; and
  - g. reintegration concerns/needs are either addressed or a plan made to address unresolved issues.
- I. During the pre-release phase of the youth's stay, the assigned Case Manager shall arrange for a multidisciplinary staffing to determine the youth's continued need for substance abuse treatment services upon release. Those attending the multidisciplinary staffing shall include the following:
  1. youth's substance abuse treatment provider;
  2. Group Leader/Assistant Group Leader assigned to the youth's housing unit;
  3. education staff;
  4. youth's assigned Probation and Parole Officer/Juvenile (PPO/J);
  5. Juvenile Justice Staff assigned to the youth's housing unit;
  6. the youth's mentor;
  7. the youth; and
  8. the youth's family members.
- J. Depending upon the youth's substance abuse treatment level, the OJJ Case Manager or the contracted health care provider shall arrange for appointments in the community for continued substance abuse treatment. The information shall be documented on the youth's Reintegration / Transition Plan within 10 days of release.
- K. During the youth's last Phase of treatment, the youth's substance abuse treatment provider and/or the assigned Case Manager, shall help the youth identify important support systems relevant to the youth's Relapse Prevention Plan. These support systems may include any 12 step groups (Alcoholics Anonymous, Narcotics Anonymous for teens, ala-teen), church youth groups, mentors, family members, sport teams or other groups that promote pro social involvement that can work as a protective factor for the youth.

- L. If the youth is granted an early release and placed on probation prior to exiting the system, the youth's assigned PPO/J shall monitor the youth's compliance with continued substance abuse treatment until the youth reaches his full-term date. Documentation shall be noted in the youth's Case Narrative in JETS within five (5) working days of contact with the youth throughout the PPO/J monitoring.
- M. Reassessments shall be addressed through the Quarterly Reclassification Staffing process, as outlined in YS Policy B.2.2 "Youth Classification System and Treatment Procedures".
- N. Incentives
  - 1. Youth shall be eligible for general program incentives for progress in the LAMOD Youth Stages of Development.
  - 2. Youth may receive certificates for completion of Phases, and for completion of the entire Substance Abuse Treatment Program.
  - 3. Progress or completion in treatment may also render the youth eligible for consideration of escorted passes, furloughs, early release or transfer to a less restrictive setting if the youth meets required policy criteria requirements.

#### **VIII. STAFF DEVELOPMENT**

- A. Office of Juvenile Justice staff providing substance abuse treatment to youth shall be trained in the curriculum prior to providing treatment, by the contracted health care provider or other OJJ staff providing substance abuse treatment, who are qualified and familiar with the treatment model.
- B. Training shall be documented and entered in the Training Records Entry Completed (TREC) database.

#### **IX. QUALITY ASSURANCE:**

- A. Facility Treatment Director Responsibilities
  - 1. The Facility Treatment Director is responsible for assuring that the fidelity of the Substance Abuse Treatment Program is being followed. While conducting random quality assurance reviews of three cases per week, a review of a minimum of one record/chart of a youth with a substance abuse treatment recommendation shall also be reviewed.
  - 2. The Facility Treatment Director shall check to ensure that the required individual counseling, groups and family sessions are being provided as outlined in the program by reviewing group notes, as well as individual notes, of the Case Manager, and/or the contracted health care provider, if applicable.

3. The Facility Treatment Director shall also monitor a minimum of one Substance Abuse Group per month by co-facilitating a group with staff under their supervision.

**B. Central Office Responsibility**

1. Central Office representatives shall conduct quarterly quality assurance reviews to ensure that treatment plans are being completed, and that services are being provided by reviewing group notes conducted by both OJJ staff and/or the contracted health care provider.
2. A review of the current Substance Abuse Treatment Program is completed annually during a Monthly Substance Abuse Meeting conducted the Central Office Treatment Director. The OJJ Treatment Directors, Case Managers, and the contracted health care provider's substance abuse treatment personnel shall attend the annual meeting.
3. Revisions to the OJJ Substance Abuse Treatment Program Manual and this policy shall be completed as a result of the annual meeting, if needed.
4. A monthly meeting between the OJJ Treatment Director and the contracted and OJJ staff providing substance abuse treatment shall take place to review the progress of the treatment programs, and to discuss changes to the curriculum, if needed. A list of the following youth, which shall be maintained in JETS, shall be reviewed and discussed with all treatment providers during this monthly meeting:
  - a. youth currently in treatment;
  - b. youth who have completed treatment;
  - c. youth who are waiting for treatment; and
  - d. youth who are refusing treatment.

If youth remain on a waiting list for treatment, explanations are provided to the treatment director concerning when they will begin their substance abuse treatment.

**Previous Regulation/Policy Number:** N/A

**Previous Effective Date:** N/A

**Attachments/References:**